



Idaho Reading Indicator Alternate (IRI-Alt) Core Phonics

Name: _____ **Date:** _____

EDUID: _____ **Grade:** _____

Teacher _____

School: _____

District: _____

Please fill in this form and attach to the Core Phonics assessment found at the Idaho Training Clearinghouse Alternate Assessment Learning Community at:

<http://idahotc.com/alternate-assessment/Documents.aspx>

Post mark by June 1 and mail to:

Toni Wheeler

Alternate Assessment Coordinator

Idaho State Department of Education

Division of Assessment

650 W. State St.

Boise, ID 83720

tcwheeler@sde.idaho.gov